

## Grant Application Signature Page

### State of Kansas Department of Health and Environment

Grant Period: July 1, 2015 – June 30, 2016

1000 SW Jackson, Suite 340  
Topeka, Kansas 66612-1365

This form, complete with signatures, is required for all grant applications to be considered complete.  
Upload to Catalyst as an attachment on the Organization Summary Page.  
All applications due March 16, 2015.

Applicant: (Name of Agency) <u>Catholic Charities of Salina</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Child Care Licensing Program</td><td></td></tr> <tr><td>Chronic Disease Risk Reduction</td><td></td></tr> <tr><td>Community-Based Primary Care Clinic Grant</td><td></td></tr> <tr><td>Disease Intervention</td><td></td></tr> <tr><td>Family Planning</td><td></td></tr> <tr><td>Healthy Family Services</td><td></td></tr> <tr><td>HIV Prevention Program – Community</td><td></td></tr> <tr><td>HIV Prevention Program – Opt Out</td><td></td></tr> <tr><td>Immunization Action Plan</td><td></td></tr> <tr><td>Maternal &amp; Child Health</td><td></td></tr> <tr><td>Pregnancy Maintenance Initiative (PMI)</td><td>76,143.24</td></tr> <tr><td>PREP</td><td></td></tr> <tr><td>Public Health Emergency Preparedness</td><td></td></tr> <tr><td>Ryan White</td><td></td></tr> <tr><td>State Formula</td><td></td></tr> <tr><td>Teen Pregnancy Targeted Case Management</td><td></td></tr> <tr><td>WIC/ICP Collaborative</td><td></td></tr> <tr><td><b>Total Funds Requested:</b></td><td><b>76,143.24</b></td></tr> </table>	Child Care Licensing Program		Chronic Disease Risk Reduction		Community-Based Primary Care Clinic Grant		Disease Intervention		Family Planning		Healthy Family Services		HIV Prevention Program – Community		HIV Prevention Program – Opt Out		Immunization Action Plan		Maternal & Child Health		Pregnancy Maintenance Initiative (PMI)	76,143.24	PREP		Public Health Emergency Preparedness		Ryan White		State Formula		Teen Pregnancy Targeted Case Management		WIC/ICP Collaborative		<b>Total Funds Requested:</b>	<b>76,143.24</b>
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Street Address/PO Box <u>425 W. Iron / P O Box 1366</u>																																					
City <u>Salina</u> Zip Code <u>67402-1366</u>																																					
Name of Director  <u>Michelle L. Martin</u>																																					
Primary Contact  <u>Michelle L. Martin</u>																																					
Telephone of Primary Contact  <u>785-825-0208</u>																																					

#### Signatures:

\_\_\_\_\_  
President/Chairman Local Board of Health or Board of Directors

Date: \_\_\_\_\_



\_\_\_\_\_  
Administrator/Director

Date: 03/18/2015